

2369

IF MORE THAN ONE CHILD AT BIRTH, A SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

State Index No. 1220  
Co. Registrar's No. 239  
Local Registrar's No. \_\_\_\_\_

PLACE OF BIRTH  
County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD John Carl Fitzpatrick Born YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>1st</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 17</u> 19 <u>22</u>
					Month Day Yr.

FATHER		MOTHER	
Full Name <u>John Carl Fitzpatrick</u>	Full Maiden Name <u>Elsie Guir</u>	Residence <u>Miami, Arizona</u>	Residence <u>Miami, Arizona</u>
Color or Race <u>White</u>	Color or Race <u>White</u>	Age at last Birthday <u>39</u> Years	Age at last Birthday <u>23</u> Years
Birthplace <u>Kansas</u>	Birthplace <u>Harrison, Arkansas</u>	Occupation <u>Pipe fitter</u>	Occupation <u>Housewife</u>

Number of child of this Mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on June 17, 1922 at 9:10 A.M.

\*When there is no attending physician or midwife, then the householder should make this return.

Signature C. M. Crow M.D. Attending physician, midwife, householder.\*  
Address Miami, Arizona

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_  
162-617-579 COUNTY REGISTRAR.  
Filed June 21 1922 A True Copy  
7-5 1922 LOCAL REGISTRAR.  
COUNTY REGISTRAR.